

Office of Inspector General

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>100064</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>12/17/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CHRISTIAN COUNTY MANOR I LLC</b> |                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2820 RICHARD STREET<br/>HOPKINSVILLE, KY 42240</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| P 000                                                                   | <p>Initial Comments</p> <p>A Complaint Survey investigating KY00044347 and KY00044250 was initiated on 12/12/2024 and concluded on 12/17/2024. There were no regulatory violations identified for KY00044347 and KY00044250.</p> <p>Survey Dates: 12/12/2024 through 12/17/2024<br/>Survey Census: 49<br/>Sample Size: 7</p> | P 000                                                                                          |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE